

CLAIMS ONLY

Application Number 123456789

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep.	Depend	Indep	Depend
1	/	/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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13		/				
14		/				
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45						
46						
47						
48						
49						
50						
Total	3					
Total	21					
Depend						
Total	24					
Claims						

* May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
53						
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